

## General

### Title

Chronic wound care: percentage of patients aged 18 years and older with a diagnosis of venous ulcer who received education regarding the need for long term compression therapy including interval replacement of compression stockings within the 12 month reporting period.

### Source(s)

American Society for Plastic Surgeons (ASPS), Physician Consortium for Performance Improvement®®, National Committee for Quality Assurance (NCQA). Chronic wound care physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Aug. 35 p. [19 references]

## Measure Domain

### Primary Measure Domain

#### Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### Secondary Measure Domain

Does not apply to this measure

## Brief Abstract

### Description

This measure is used to assess the percentage of patients aged 18 years and older with a diagnosis of venous ulcer who received education regarding the need for long term compression therapy including interval replacement of compression stockings within the 12 month reporting period.

### Rationale

Venous ulcers often recur, especially in patients who are not compliant with compression therapy, with rates as high as 70%. "Numerous investigators have found that compliance is dependent on patient

access to compression stockings and appropriate education." As a result, long term maintenance including the continued appropriate use of compression therapy must be addressed through patient education.

The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

Part of any prevention program must be patient education. This education should include the patient's individual skin care program, moisturizers, soaps and protective measures. The patient should be educated about the long term nature of this medical condition and the signs and symptoms of recurrence. There are many therapeutic modalities that have been shown to reduce the recurrence of lower extremity wounds includ[ing] graduated compression stockings (GCS) for patients with venous hypertension or at risk for venous insufficiency disease. (American Society of Plastic Surgeons [ASPS], 2007)

Patients with healed or surgically repaired venous ulcers should use compression stockings constantly and forever. (Wound Healing Society [WHS], 2006)

Compression stockings or other compression devices must be worn for the prevention of venous edema and venous leg ulcer recurrence. It is recommended that patients understand that compression therapy is needed for the rest of their lives [including the need to] apply compression stockings upon first rising in the morning, replace stockings regularly—about every 3 months—to provide optimal compression, have someone correctly measure stockings, which should include ankle circumference, length of leg from foot to knee, and midcalf circumference. These measurements should be done in the morning before edema occurs. Knee-length stockings are generally recommended. (Wound, Ostomy, and Continence Nurses Society [WOCN], 2005)

Compression, elevation, ambulation post healing [are recommended] to prevent recurrence. (Association for the Advancement of Wound Care [AAWC], 2005)

## Primary Clinical Component

Chronic wound care; venous ulcer; patient education; long term compression therapy; interval replacement of compression stockings

## Denominator Description

All patients aged 18 years and older with a diagnosis of venous ulcer

Note: Refer to the original measure documentation for administrative codes.

## Numerator Description

Patients who received education regarding the need for long term compression therapy including interval replacement of compression stockings within the 12 month reporting period

Note: Refer to the original measure documentation for administrative codes.

## Evidence Supporting the Measure

### Evidence Supporting the Criterion of Quality

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

## Evidence Supporting Need for the Measure

### Need for the Measure

Variation in quality for the performance measured

## Evidence Supporting Need for the Measure

Robson MC, Cooper DM, Aslam R, Gould LJ, Harding KG, Margolis DJ, Ochs DE, Serena TE, Snyder RJ, Steed DL, Thomas DR, Wiersma-Bryant L. Guidelines for the treatment of venous ulcers. Wound Repair Regen. 2006 Nov-Dec;14(6):649-62. [PubMed](#)

## State of Use of the Measure

### State of Use

Current routine use

### Current Use

Internal quality improvement

## Application of Measure in its Current Use

### Care Setting

Physician Group Practices/Clinics

### Professionals Responsible for Health Care

Physicians

### Lowest Level of Health Care Delivery Addressed

Individual Clinicians

### Target Population Age

Age greater than or equal to 18 years

### Target Population Gender

Either male or female

### Stratification by Vulnerable Populations

Unspecified

## Characteristics of the Primary Clinical Component

### Incidence/Prevalence

See the "Rationale" field.

## Association with Vulnerable Populations

Unspecified

## Burden of Illness

Unspecified

## Utilization

Unspecified

## Costs

Unspecified

# Institute of Medicine (IOM) Healthcare Quality Report Categories

## IOM Care Need

Getting Better

Living with Illness

## IOM Domain

Effectiveness

Patient-centeredness

# Data Collection for the Measure

## Case Finding

Users of care only

## Description of Case Finding

All patients aged 18 years and older with a diagnosis of venous ulcer

## Denominator Sampling Frame

Patients associated with provider

## Denominator Inclusions/Exclusions

### Inclusions

All patients aged 18 years and older with a diagnosis of venous ulcer

Note: Refer to the original measure documentation for administrative codes.

### Exclusions

None

## Relationship of Denominator to Numerator

All cases in the denominator are equally eligible to appear in the numerator

## Denominator (Index) Event

Clinical Condition

Encounter

## Denominator Time Window

Time window is a single point in time

## Numerator Inclusions/Exclusions

### Inclusions

Patients who received education regarding the need for long term compression therapy including interval replacement of compression stockings within the 12 month reporting period

Note: Refer to the original measure documentation for administrative codes.

### Exclusions

None

## Measure Results Under Control of Health Care Professionals, Organizations and/or Policymakers

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

## Numerator Time Window

Fixed time period

## Data Source

Administrative data

Medical record

## Level of Determination of Quality

Individual Case

## Pre-existing Instrument Used

Unspecified

## Computation of the Measure

### Scoring

Rate

### Interpretation of Score

Better quality is associated with a higher score

### Allowance for Patient Factors

Unspecified

### Standard of Comparison

Internal time comparison

## Evaluation of Measure Properties

### Extent of Measure Testing

Unspecified

## Identifying Information

### Original Title

Measure #5: patient education regarding long term compression therapy.

### Measure Collection Name

The Physician Consortium for Performance Improvement® Measurement Sets

### Measure Set Name

Chronic Wound Care Physician Performance Measurement Set

## Submitter

American Medical Association on behalf of the American Society of Plastic Surgeons, Physician Consortium for Performance Improvement®, and National Committee for Quality Assurance - Medical Specialty Society

## Developer

American Society of Plastic Surgeons - Medical Specialty Society

National Committee for Quality Assurance - Health Care Accreditation Organization

Physician Consortium for Performance Improvement® - Clinical Specialty Collaboration

## Funding Source(s)

Unspecified

## Composition of the Group that Developed the Measure

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## Financial Disclosures/Other Potential Conflicts of Interest

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

## Included in

Ambulatory Care Quality Alliance

## Adaptation

Measure was not adapted from another source.

## Release Date

2008 Aug

## Measure Status

This is the current release of the measure.

The Physician Consortium for Performance Improvement reaffirmed the currency of this measure in November 2010.

## Source(s)

American Society for Plastic Surgeons (ASPS), Physician Consortium for Performance Improvement®, National Committee for Quality Assurance (NCQA). Chronic wound care physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Aug. 35 p. [19 references]

## Measure Availability

The individual measure, "Measure #5: Patient Education Regarding Long Term Compression Therapy," is published in "Chronic Wound Care Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site:

[www.physicianconsortium.org](http://www.physicianconsortium.org) .

For further information, please contact AMA staff by e-mail at [cqi@ama-assn.org](mailto:cqi@ama-assn.org).

## NQMC Status

This NQMC summary was completed by ECRI Institute on April 7, 2009. The information was verified by the measure developer on June 4, 2009. The information was reaffirmed by the measure developer on November 17, 2010.

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